

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/05/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155378		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/15/2011	
NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-PARKWOOD				STREET ADDRESS, CITY, STATE, ZIP CODE 1001 NORTH GRANT STREET LEBANON, IN46052			
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F0000	<p>This visit was for the Investigation of Complaints IN00095500 and IN00096212.</p> <p>Complaint: 00095500 Substantiated, no deficiencies cited due to lack of evidence.</p> <p>Complaint: IN00096212 Substantiated, Federal/State deficiencies related to the allegation are cited at F323.</p> <p>Survey Dates: September 14 &amp; 15, 2011</p> <p>Facility Number: 000468 Provider Number: 155378 AIM Number: 100290270</p> <p>Survey Team: Linda Campbell, RN</p> <p>Census Bed Type: SNF/NF: 117 Total: 117</p> <p>Census Payor Type: Medicare: 15 Medicaid: 74 Other: 28 Total: 117</p> <p>Sample: 6</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0323 SS=D	<p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on September 19, 2011 by Bev Faulkner, RN</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on interview and record review, the facility failed to ensure a resident was supervised after exhibiting exit-seeking behaviors resulting in the resident eloping for 1 of 3 residents with exit-seeking behaviors in a sample of 5. (Resident #B).</p> <p>Findings include:</p> <p>Resident #B's closed clinical record was reviewed on 9/16/11 at 9:55 A.M. The record indicated the resident was admitted with diagnoses which included, but were not limited to, brain injury/trauma in 2005, psychiatric problems, seizures, organic brain syndrome, and chronic pain syndrome.</p> <p>A Minimum Data Set (MDS) admission assessment, dated 8/4/11, indicated the resident was severely impaired in</p>			F0323	<p>The facility requests that this plan of correction be considered its credible allegation of compliance. Submission of the response and Plan of Correction is not a legal admission that the deficiency exists or that this statement of deficiency was correctly cited and is also not to be constructed as an admission of interest against the facility, the administrator, or any employee, agents or other individuals who draft or may be discussed in the response and Plan of Correction. In addition, preparation and submission of the Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the corrections of conclusions set forth in this allegation by the survey agency.</p> <p>It is the practice of this facility to</p>		10/03/2011

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	<p>cognitive decision-making skills, had no behaviors, required limited set-up assistance for transfer, required supervision and no assistance for ambulation, and had no functional limitations.</p> <p>A "Wander/Elopement Risk Evaluation," dated 8/11/11, indicated "...1. Resident currently wanders and/or has a history of wandering? If answer is Yes, the resident is automatically a high risk for wandering...Yes (indicated by checkmark)...2. Resident currently elopes and/or has a history of eloping from the center?...No (indicated by checkmark)...Does the resident express a desire to leave the center?...Yes (indicated by checkmark)...Resident is at risk for Wandering: Yes (indicated by checkmark)...Resident is at risk for Elopement: Yes (indicated by checkmark)...."</p> <p>Documentation was lacking related to a resident care plan to address the resident wandering or exit-seeking prior to 8/12/11.</p> <p>Nurses' notes indicated:</p> <p>8/4/11 at 4:20 P.M., "...Res (resident) ambulates as he desires. Spends time in the common area - sitting by the nurses</p>				<p>ensure the highest quality of care is afforded our residents. Consistent with this practice, the following has been done for:</p> <p>F 323 Free of accident hazards/supervisions/devices.</p> <p>The corrective action taken for the resident found to have been affected by the deficient practice was: <b>On the date of elopement when the resident #B, returned to facility, a complete head to toe assessment was done with no findings. Physician and family member were notified. IDT met with daughter went over safety needs; resident #B was placed on a secured unit. New wander/elopement assessment was done on resident #B. Care plan and aide assignment sheet were updated. Resident #B no longer resides in facility. Completed 8/11/11</b></p> <p>The corrective action taken for those residents having the potential to be affected by the same deficient practice is: <b>Facility validated that all doors were functioning properly. This was completed 8/12/11. Residents in house were reassessed for wander/elopement risk, care plans and aide assignment sheets were updated as needed. This was completed 8/19/11. Elopement alert books were reviewed and</b></p>		

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	<p>station. Res does need assistance with direction as Res is not sure where his room is once off the unit...Res likes to eat out - special place is (name of restaurant)..."</p> <p>8/4/11 at 9:30 P.M., "Res noted c (with) confusion. Thinking he was at his dtr (daughter's) house..."</p> <p>8/8/11 at 3:20 P.M., "A/O (alert and oriented) x 1. Confused to other spheres. Pleasant mood noted, continue being paranoid trying to leave the facility to ho home, he was reminded that he need [sic])to stay here until his condition allows him going home."</p> <p>8/10/11 at 7:00 P.M., "A &amp; O x 1. Confused at times. Res hallucinating about snakes. Res exit seeking and wanting to go home. Res talking about his mother is dying and he needs to go home. Res mother is dead..."</p> <p>8/10/11 at 10:00 P.M. "Res exit seeking..."</p> <p>8/11/11 at 10:00 P.M. "Delayed entry for 8-11-11 at 1620 (4:20 P.M.). Resident was moved to (secured unit) for the reason of elopement. A phone call was made into facility that resident was seen walking outside of facility - a building</p>			<p><b>updated as needed. This was completed 8/19/11. Visitor exit doors have signage posted for educating visitors to not assist anyone outside without staff knowledge. This was completed 8/11/11</b></p> <p>The measure put into place and systemic change made to ensure the deficient practice does not recur is: <b>The staff have been re-educated on Policy and Procedures as it relates to monitoring resident(s) that have been assessed as being at risk for wander/elopement. This was initiated on 8/11/11 and completed on 8/22/11. Any resident that displays exit seeking behavior will be placed on 15 minute checks and monitored for this behavior for 72 hours and as needed. The DNS and/or designee will be notified of the exit seeking behavior, as well as the responsible party and the physician. The IDT will review this resident for appropriate care and will notify physician and responsible party as needed for changes in condition. Visitor exit doors have signage posted for visitors to not assist anyone outside without staff knowledge. This was completed 8/11/11. Staff was educated on elopement/missing resident protocol. Elopement drills were done to train staff on elopement/missing resident protocol. Education of staff completed on</b></p>			

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	<p>search was done and outside search was done. Resident was then found c (with) family member. Family returned resident and a head to toe assessment was done...Will cont (continue) to monitor."</p> <p>A "Physician's Note," dated 8/11/11, indicated "...Pt (patient) left facility unattended today...Pt with increased (indicated by arrow) ability to ambulate...pushing on exterior doors...Today left facility &amp; walked home..."</p> <p>A "Facility Incident Reporting Form," dated 8/11/11, indicated "...Brief Description of Incident: The facility received a call at approximately 3 p.m. from the resident's family member that resident (name) was observed walking on sidewalk near his home..."</p> <p>Interview on 9/14/11 at 12:55 P.M., with the Medical Director indicated "He walked home a block away. He's done that all his life."</p> <p>Interview on 9/15/11 at 10:30 A.M., with Social Service (SS) Staff #1 indicated the family had called the facility to tell them they saw the resident outside on the sidewalk. She indicated "he looked like any other visitor." When queried regarding monitoring of the resident prior</p>			<p><b>8/22/11, staff will be re-educated twice a year and at orientation. Drills were completed on the following dates, August 12,13,14,18,19,20,22, 25 and September 1 and 21, 2011. At the Resident council meeting of August 17 th , the elopement process was discussed with the Resident Council President and residents in attendance. Letters were mailed and/or hand delivered to families and vendor(s) regarding not to assist anyone outside without staff knowledge, on September 7 th .</b></p> <p>To ensure the deficient practice does not recur, the monitoring system established is: <b>Staff will continue to monitor residents for exit seeking and will place resident on every 15 –minute checks if the resident has exit seeking behavior. Documentation of wandering or elopement seeking behavior will be done on the behavior log kept in the MAR charting book. The IDT will review resident with exit seeking behavior for appropriate care and treatment. The IDT will review resident(s) at risk for wander/elopement. If the resident has exit seeking behavior, the physician and families will be notified. Facility doors will be checked weekly for proper functioning. Monthly elopement drills will be done. Wander/elopement assessments will be done on</b></p>			

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	<p>to the elopement, SS #1 said "just a minute" and left the room.</p> <p>Interview on 9/15/11 at 10:50 A.M., with the Administrator indicated they "think he left through the front door but the receptionist couldn't be sure."</p> <p>Interview on 9/15/11 at 12:00 P.M., with the Administrator indicated the resident only got out of the building one time and there had been no other elopements from the building. She indicated after the elopement the facility moved the resident to a secured unit, reassessed all the residents, updated care plans, updated CNA assignment sheets, educated all the staff, updated elopement books, and posted signs on the doors.</p> <p>Review on 9/15/11 at 12:20 P.M., of an undated facility policy and procedure provided by the Administrator, identified as current, and titled "Patient Supervision and Monitoring" indicated "Patients are provided supervision when they present with conditions that may place other patients and/or themselves at risk for harm. The patients are supervised under normal circumstances to ensure optimal safety and clinical outcome..."</p> <p>This Federal tag relates to Complaint IN00096212</p>				<p><b>admission/re-admissions, quarterly, annually and with new exit seeking behaviors. This will be monitored weekly for one month, then once a month for 3 months or until compliance is achieved. The Administrator and the DNS will review this in Performance Improvement Committee, until compliance is achieved and then quarterly.</b></p> <p><b>Facility date of compliance is October 3, 2011</b></p>		

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	3.1-45(a)(2)						